

## TORRANCE MEMORIAL MEDICAL CENTER

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**DEPARTMENT:** MEDICAL STAFF  
**POLICY/PROCEDURE:** CRITERIA FOR THE EARLY RECOGNITION OF  
CONFLICT REGARDING PATIENT CARE DECISION

**DATE APPROVED/**

**REVISED:**

**BIOETHICS COMMITTEE:** 5/20/02, 2/22/12,  
4/23/14

**MEDICAL EXECUTIVE COMMITTEE:** 6/11/02, 3/13/12,  
7/8/14

**BOARD OF TRUSTEES:** 7/31/14

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**Goals:** The criteria listed below are designated to identify potential instances in which serious conflict regarding end-of-life management may be averted by early recognition and intervention by Bioethics Committee. Ideally, a caregiver would recognize the presence of one or more of the criteria and alert the Medical Staff Services Department, who in turn, would offer committee or consultant support, as part of compassionate hospital service in a time of stress. Alternatively, a case manager, nursing supervisor, patient representative or volunteer may identify the presence of one or more of the criteria.

When the attending physician has not been the initiator of the referral he or she must be notified that a case has been identified by the early referral criteria by the Bioethics Committee Chair.

For the purposes of the information below, surrogate is defined as someone other than the patient who has been granted legal authority, either by the patient through a Durable Power of Attorney or through the court by court order, to speak for the patient or who, by virtue of some relationship, can claim some authority to speak for the patient.

**CATEGORY A:** Consultation will be performed within 48 hours

1. Expressed disagreement regarding management of the patient among surrogates or caregivers.
2. Objection by a surrogate to an Advance Directive on file.
3. Staff, patient or surrogate request for early intervention.
4. Failure to follow a patient's advance directive.
5. Absence of an end of life management plan in a critical patient.

**CATEGORY B:** Consultation will be performed within 72 hours.

1. Disagreement regarding end-of-life management between a competent patient and others who seek to speak for the patient.
2. Unique patient or surrogate beliefs that may indicate a need for committee support or intervention.
3. Patient or surrogate expressions of uncertainty about end-of-life wishes.
4. Failure to provide follow-up information and assistance for the completion of an advance directive after a request by a hospitalized patient.
5. Patient's which require hospitalization in the Intensive Care Unit for more than 1 week.